

DISCHARGE SUMMARY

- WHEN:** This form must be completed within 14 days of discharge for clients seen five or more times.
- ON WHOM:** Clients discharged from Mental Health Services, or clients not seen for three months, unless the clinician has documented the reason for absence and it is reasonably expected that the client will return within six months.
- COMPLETED BY:** Staff delivering services within scope of practice. Must be signed by Physician, licensed/waivered Psychologist, licensed/registered/waivered social worker, licensed/registered/waivered Marriage Family Therapist or a Registered Nurse.
- MODE OF COMPLETION:** Legibly handwritten, typed or word processed on form HHSA:MHS-920.
- REQUIRED ELEMENTS:** Description of the most current five axes diagnosis, reason for admission, reason for termination, assessment results, course of treatment, response to treatment, discharge medication, prognosis, discharge plan, signed and dated by the clinician.
- BILLING:** May only bill when connected to a direct client service. If completed on same day as discharge visit with the client, include discharge summary preparation time in billing for this service in total time.